U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U -

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AUG152105

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Name, file number, and address of labor organization.					
Name <sub>Brian</sub>	A Masters	Name	Sheet Metal	Workers loca	al union 10	4	
		Labor	Organization File Nu	mber 016-871	1		
D.O. Day Dide Dage No. if an		DO 5	ov Duilding and Da	om Number if one			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any					
Street 1720 Marina Blvd		Street	Street 2610 Crow Canyon Road				
City San Leandro		City San Ramon					
State California	ZIP Code + 4 94577	State	California		ZIP Code + 4	94583-1547	
5. Position in labor organization. Organizer, SMW Local union 104							
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name, if any).		7.a. Nati	ure of Interest, Trans	action, or Income.			
Name							
Trade Name, if any:							
Trade rame, it diff.							
P.O. Box, Bldg., Room No., if any		7 5 0 000					
Street		7.b. Am	ount.				
Officer							
City							
State	ZIP Code + 4						
/ / Signature							
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)							
	///////////////////////////////////////						
Signed Min ( ) ( )		On .	08/09/2005	510-895-81		Or.	
	- <i>V V</i>		Date		relephone Numb	er 	

Name of Person Filing Brian Masters	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization   b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name SMW Local 104 & Bay Area Industry Training	Trust Recieves Contributions From All signatory contractors and provides benefits to members				
Trade Name, if any: All Union Signatory Contractors					
P.O. Box, Bldg., Room No., if any					
Street 1700 Marina Blvd					
City San Leandro	11.b. Approximate dollar value of such dealing. unknown  12.a. Nature of interest held or income received.				
State California ZIP Code + 4 94577	6/24/04 Apprenticeship Graduation \$150.00				
otate carriornia Zii oode 14 94377					
	12.b. Amount. \$150				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				